

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Tracy Siravo

BUSINESS STREET ADDRESS: 14300 Arlington Pl Davie FL ZIP 33325

BUSINESS MAILING ADDRESS: 70 Box 551132 Davie FL ZIP 33355

BUSINESS PHONE: (954) 370-2148

DESCRIBE TYPE OF BUSINESS: Nutrition Consulting

BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Tracy Siravo</u>	<u>14300 Arlington Place</u>	<u>Davie FL 33325</u>	<u>(954) 370-2148</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Tracy Siravo, owner
Print Owner or Officers Name and Title

Tracy Siravo
Signature of Owner or Officer

Office Use Only: Date <u>12/2/98</u> Category <u>15100</u> Fee <u>52.50</u> Rec'd _____ New <input checked="" type="checkbox"/> Trans _____	
License # _____	Control # _____ Zoning <u>R-1</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
TOWN CLERK APPROVAL _____	